

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567340

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3	/						53						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/		↓		↓				↓		↓		↓
TOTAL DEP.	4	←		←		←			←		←		←
TOTAL CLAIMS	5	↓	↓	↓	↓	↓			↓		↓		↓